AMENDMENT TRANSMITTAL LETTER						Docket No. 0717-0513P	
Application No. 10/630,731 - Conf. #9350		Filing I July 31,	1	Examiner A. WUJCIAK		Art Unit 3632	
Applicant(s): Tak	enori YOSHIZ/	AWA					
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MS After Final Commissioner for P.O. Box 1450 Alexandria, VA 223	313-145	admont in the	abaya idantif	ind application			
Transmitted here The fee has beer				• •			
	Todrouidtod dir		S AS AMEN				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	11	- 20 =	0	X		0.00	
Independent Claims	4	- 4 =	0	×		0.00	
Multiple Dependent Claims (check if applicable)						0.00	
Other fee (please specify):						0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
Large Entity No additional fee is required for this amendment. Please charge Deposit Account No							
Attorney Reg. N BIRCH, STEWA 8110 Gatehouse P.O. Box 747 Falls Church, VA United States 703-205-8000	RT, KOLASCH & Road, Suite 100						